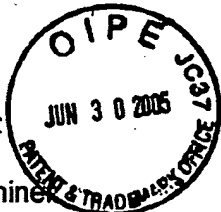


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Ahmad Naiini et al.
Serial No.: 10/796,587
For: NOVEL PHOTSENSITIVE RESIN COMPOSITIONS
Filed: March 9, 2004
Examiner: Chu, John S. Y.
Art Unit: 1752
Confirmation No.: 1113
Customer No.: 27,623



Attorney Docket No.: 339.7807USU

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Mail Stop: Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 27, 2005

(Date of Deposit)

Paul D. Greeley

Name of Applicant, Assignee, or Registered Rep.

A handwritten signature in dark ink, appearing to read "Paul D. Greeley", written over a horizontal line.

Signature

Mail Stop: Amendment
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL RESPONSE TO OFFICE ACTION

Honorable Commissioner for Patents:

In further response to the Office Action dated April 7, 2005, Applicant submits this response.

The Listing of Claims in the Application begins in the section starting on page 2.

The Remarks begin in the section starting at page 34.

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07/28/2005 RWTHBUSH 00000001 010467 10796587

01 FC:1202

800.00 DA

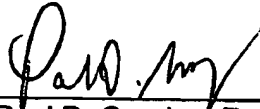
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the Takahashi et al. or Hammerschmidt et al. patents in view of US Patent No. 6,071,666 to Hirano et al. are respectfully traversed for the reasons set forth in the previous Response to this April 7, 2005 Office Action, which reasons are incorporated herein by reference thereto.

It is respectfully submitted that the foregoing is a full and complete response to the Office Action and that the claims are allowable. An early indication of their allowability by issuance of a Notice of Allowance is earnestly solicited.

Respectfully submitted,

Date: June 27, 2005



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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

101 796587

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 59 minus 20 = | 39 |
| INDEPENDENT CLAIMS | 3 minus 3 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 385.00 |
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL | |

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 770.00 |
| X\$18= | 702 |
| X86= | |
| +290= | |
| TOTAL | |

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 79 | Minus ** 59 | = 20 |
| Independent | * 3 | Minus *** 3 | = - |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | 1000 |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1